



VVFC VACCINE RETURN FORM

Date _____ Pin _____

Contact _____

Practice _____

Address _____

Phone () _____ Fax () _____

Please circle any new information in order for us to update your records.

Explanation	
EXPIRED	Vaccine has reached expiration date on vial/box.
SPOILED	Spoiled upon delivery or spoiled at facility (specify one).
DAMAGED	Vaccine damaged during shipment or damaged at facility (specify one).
WASTED	Vaccine is drawn up but not administered.
<i>Please also report the following using this form.</i>	
VIABLE	Vaccine overstocked, wrong amount or product. Expires ≥ 4 months.
TRANSFER	Viable vaccine is being transferred to another VVFC provider.

Vaccine	Doses	Lot Number	Expiration Date	Explanation

Please fax or mail the completed form back to the Virginia Vaccines For Children program.

DO NOT mail vaccine to the VVFC Office.

VIABLE RETURNS and TRANSFERS: Viable returns and Transfers are processed immediately and should be submitted to VVFC as soon as possible with a recent Temperature Log. Viable vaccine must have four or more months until expiration and contain the original number of doses per package. Vaccines with less than four months until expiration and/or partial packages of vaccines may be transferred to another VVFC provider.

NONVIALE RETURNS: Submit this form for nonviable vaccines as often as needed. UPS will be scheduled to pick up your nonviable vaccines on the second Monday or Tuesday of the month following the month you submitted this form. You will receive a fax with return instructions and the correct week of pickup identified. Please package the vaccines appropriately.

Virginia Vaccines For Children Program
 Division of Immunization, P.O. Box 2448
 109 Governor Street, Room 314 West
 Richmond, Virginia 23218
 Phone (877) 781-VVFC (8832) or (804) 864-8055
 Fax: (804) 864-8090

VDH VIRGINIA
 DEPARTMENT
 OF HEALTH
Protecting You and Your Environment
www.vdh.state.va.us

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